

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO. 09/807366	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		51					
7		101					
8		61					
9		102					
10		61					
11		103					
12		61					
13		104					
14		61					
15							
16		1					
17		1					
18		1					
19		14					
20		61					
21		1					
22		1					
23		1					
24		1					
25		105					
26		61					
27		106					
28		61					
29	X	1					
30		1					
31		61					
32		107					
33		61					
34		108					
35		61					
36		109					
37		61					
38		110					
39		61					
40		111					
41		61					
42		112					
43	-	113					
44		61					
45							
46							
47							
48							
49							
50							
TOTAL IND.	413						
TOTAL DEP.	3940						
TOTAL CLAIMS	413						